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TAGS: [EAID](#) [SOCI](#) [TBIO](#) [PGOV](#) [PREL](#) [ASEC](#) [SU](#)
SUBJECT: POLIO CRISIS IN EAST AFRICA

¶1. Summary: For the past nine months, Southern Sudan has experienced a large poliomyelitis (polio) outbreak with a total of 40 cases (24 in 2008 and 16 in 2009). Despite a series of national immunization days (NID) in 2008 and 2009, the outbreak continues to spread, now including previously polio-free areas of Northern Sudan, Uganda, and Kenya. According to the World Health Organization (WHO), the current polio outbreak has turned into a "national and international public health crisis." Currently, WHO, USAID, and the Centers for Disease Control and Prevention (CDC) are working with the Ministry of Health (MOH) to implement NID in late March, April, and May to begin containing the outbreak. The USG and WHO are encouraging the Government of South Sudan/MOH to take a leading role in handling the outbreak. End Summary

POLIO IN SOUTH SUDAN

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¶2. According to the World Health Organization, the last polio case in Southern Sudan was reported in April 2001 from Unity State (which borders Southern Kordofan in the Three Areas.) The surveillance system did not detect any additional cases until July 2004, when the virus was introduced from Nigeria via Chad and Darfur. The outbreak ended in January 2005 after several NID were implemented. A year ago, three polio cases were reported in Gambella, Ethiopia, bordering South Sudan. The cases coincided with many returnees coming from Ethiopia. The virus was found to be genetically linked to the viruses detected at the tail-end of the 2005 outbreak in both North Sudan and Ethiopia. In June 2008, a polio case was confirmed in Ayod County (Jonglei State, South Sudan) despite two NID. Genetic tests showed that the Ayod virus was related to that in Gambella. Currently, the virus is present in all but two Southern Sudan states (Northern Bahr El Gazal and Western Bahr El Gazal,) and has already spread to Northern Sudan (Khartoum and Port Sudan), Uganda (Amuru), and Kenya (Turkana), suggesting importation from South Sudan to these areas.

RESPONSE TO THE POLIO OUTBREAK

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¶3. In response to the ongoing outbreak, the Ministry of Health (MOH), Government of Southern Sudan (GOSS), conducted a series of NIDs, targeting more than 2.8 million children under the age of five. Additionally, sub-national vaccination campaigns were undertaken in Jonglei, Upper Nile, and Unity states in August 2008; and in Northern Bahr El Gazal, Western Bahr El Gazal, Central Equatoria, parts of Eastern Equatoria and northern Warrap in September 2008. Further NID rounds will be conducted in March, April and May 2009. Given the recent regional spread of the virus, these campaigns will be synchronized with northern Sudan, Ethiopia, Kenya, and Uganda

¶4. In December 2008, USAID/Sudan alerted USAID/Washington to the seriousness of the situation, while WHO/Sudan alerted its headquarters in Geneva and its regional office in Cairo. These warnings resulted in an external review of the Acute Flaccid Paralysis (AFP) surveillance systems in January 2009. Representatives from WHO, USAID, CDC, NGOs and UNICEF were part of

the external review team that listed several implementation challenges that would have to be overcome to combat this new outbreak, including: difficult access to remote villages and a widely dispersed population; high turnover of AFP program staff due to low salaries, which affects the quality of surveillance activities due to the need to constantly train new hires; limited logistics (e.g., vehicles, motorbikes, spare parts for bicycles); and lack of social mobilization funds and materials for most states, which limits staff's ability to effectively mobilize and engage the population. Although the GOSS receives funding from UNICEF for the social mobilization component of the immunizations program, the review team learned that the funds were not reaching the communities or were being disbursed too late. As a temporary measure, WHO staff are now carrying out social mobilization activities in addition to their regular duties. The review team recommended an international monitoring of the NID that was conducted in February of 2009. WHO EMRO organized a team of seven international reviewers, including USAID and CDC staff, to observe the February NID in South Sudan. Those international reviewers observed problems similar to those raised during the January external review.

¶ 15. Due to the regional spread of the virus, in February, 2009 the Technical Advisory Group (TAG) on polio eradication in the Horn of Africa met in Addis Ababa to develop a regional response. In its final report the TAG concluded: "the ongoing outbreak in Sudan is an emergency for polio eradication, as it constitutes an ongoing risk both within the region and globally. It requires urgent action by Governments and partner agencies to stop this outbreak and once again make the whole Horn of Africa region polio-free. The next six months will be crucial to achieve this." As a result, Kenya, North and South Sudan, Uganda, and Ethiopia will have synchronized polio campaigns from March to May 2009. In addition, with support from

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USAID/Sudan, CDC's Global Immunization Division has sent two epidemiologists with polio expertise to assist WHO and MOH with their polio eradication activities in Southern Sudan.

¶ 16. WHO and CDC have made the following recommendations to the MOH to maximize coverage during the NID that will take place in March, April, and May: 1) the Government of South Sudan (GOSS) should declare the current outbreak a national health emergency and declare March 24 a National Polio Campaign day. 2) The GOSS President must address the Governors, State Ministers of Health, County Commissioners and Payam Executive Officers to ensure their full participation and involvement in the polio eradication efforts in their respective States, Counties, Payams and Bomas, while also including NGOs working throughout Southern Sudan. 3) The GOSS must insure that State Governments contribute to the required resources needed for preparation, implementation and monitoring of the upcoming NID.

COMMENT

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¶ 17. WHO has made it clear that polio transmission will stop only when every child under the age of five has been adequately vaccinated. With the beginning of the rainy season in late April, the window of opportunity to accomplish this will close, soon making it difficult to reach and vaccinate children. Unless the next three NID are properly implemented, there is a significant risk of the further spread of the virus. There is also a lack of commitment from the highest level of an overburdened government in South Sudan in dealing effectively with the crisis, and there have been no public announcements regarding the outbreak. This is partly because the MOH has limited staff capacity. The key person in the EPI department needs training in programming, monitoring, and management to properly oversee the implementation of the NID and surveillance. Although USAID provided \$2.2 million for polio and disease surveillance in FY2008, the MOH needs additional technical and financial assistance to conduct a quality NID, strengthen EPI systems and perform routine immunizations, and provide adequate staff training. In order to deal with this outbreak, USAID will need an estimated \$ 5.2 million to administer this program.

FERNANDEZ

